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Prepared by and Return to:
N. MS Title, Inc.
Hugh H. Armistead, Attorney
P.O. Box 609
Olive Branch, MS 38654
662-895-4844

CLIFTON R. NUTTER, ET AL,**GRANTORS,****TO****WARRANTY DEED****SHARON M. JOHNSON,****GRANTEE**

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, We, **CLIFTON R. NUTTER and JANET FAYE (NUTTER) HOWELL**, do hereby sell, convey and warrant unto **SHARON M. JOHNSON**, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 7, Section "A", Estates of Hickory Forest, situated in Section 25, Township 1 South, Range 9 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 36, at Pages 7-9, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyance or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel in, on and under subject property.

By way of explanation, Grantors herein further warrant that they are the sole heirs at law of John R. Nutter and wife, Dorothy E. Nutter, who departed this life on May 2, 2003 and June 20, 2003, respectively, copies of their death certificates being attached hereto as evidence thereof.

Taxes for the year 2003 are to be prorated, and possession is to take place upon delivery of this deed.

WITNESS OUR SIGNATURES, this the **22nd day of September, 2003**.

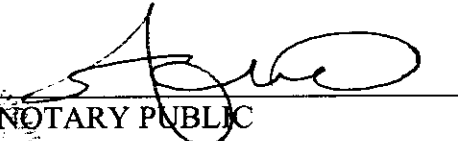
Clifton R. Nutter
CLIFTON R. NUTTER

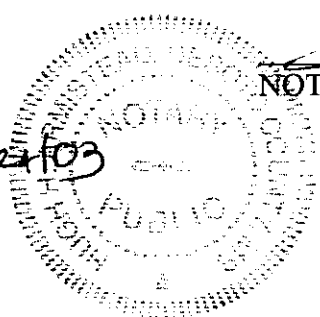
Janet F. Howell
JANET FAYE (NUTTER) HOWELL

STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this **22nd day of September, 2003**, within my jurisdiction, the within named **CLIFTON R. NUTTER and JANET FAYE (NUTTER) HOWELL**, who acknowledged that they executed the above and foregoing instrument.


NOTARY PUBLIC



My Commission Expires: 10/24/03

Grantors' Address: 2333 Geneva Drive, Nesbit, MS 38651
Home No. (662) 429-6321; Business No. (918) 369-1562

Grantee's Address: 7190 Hickory Estates Drive, Walls, MS 38680
Home No. (662) 781-2379; Business No. (901) 487-9488

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0455PG0283

TYPE OR PRINT
IN BLACK INK

FILING DATE MAY 21 2003

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

| | | | | | | |
|---|--|---|---|--|--|--|
| DECEASED | 1. NAME First: JOHN Middle: R. Last: NUTTER | | | 2. SEX MALE | 3a. HOUR OF DEATH 7:59P m | 3b. DATE OF DEATH (Month, Day, Year) MAY 02, 2003 |
| | 4. RACE (Specify White, Black, American Indian, etc.) White | 5a. AGE AT LAST BIRTHDAY 84 Years | ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS | | 6. DATE OF BIRTH (Month, Day, Year) 12-31-1918 | 7a. COUNTY OF DEATH DESOTO |
| | 7b. CITY OR TOWN OF DEATH SOUTHAVEN | 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number, or other location) BAPTIST HOSPITAL-DESOTO 17B | | | 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM. OR DOA INPT. | 8. STATE OF BIRTH WV |
| | 9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) 12 (14-5+) 4 | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy E. Russell | 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) yes | | |
| RESIDENCE items, or actual location home rather than mailing address | 13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American | 14. SOCIAL SECURITY NUMBER 236-14-4998 | 15a. USUAL OCCUPATION (Kind of work done, most of working life) Salesman | 15b. KIND OF BUSINESS OR INDUSTRY Sales | | |
| | 16a. RESIDENCE—STATE MS | 16b. COUNTY DeSoto | 16c. CITY OR TOWN Walls | 16d. INSIDE CITY LIMITS (Specify Yes or No) Yes | 16e. STREET AND NUMBER OR RURAL LOCATION 7190 Hickory Estates | |
| PARENTS | 17. FATHER—NAME First: Harley R. Middle: Nutter Last: Nutter | | | 18. MOTHER—NAME First: Sadie Middle: Mae Last: Stalnaker | | |
| | 19a. INFORMANT—NAME (Type or print) Dorothy Nutter | | | 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7190 Hickory Estates Walls, MS 38680 | | |
| DISPOSITION | 20a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 20b. CEMETERY, CREMATORY—NAME Twin Oaks Cemetery | 20c. LOCATION (City and State) Southaven, MS | 21a. EMBALMER—SIGNATURE AND NUMBER Eyon A. Brownlee FS794 | | |
| | 21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 17S | | | 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 140 W. Commerce St. Hernando, MS 38632 | | |
| PRONOUNCEMENT | 22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) JOLEE RUTHERFORD, MD | | | 22b. PRONOUNCED DEAD (Month, Day, Year) ON MAY 02, 2003 | 22c. PRONOUNCED DEAD (Hour) AT 7:59P m | |
| | 23a. CERTIFIER—NAME (Type or print) JOHN BLACK, MD | | | 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4364 HWY 51 S, SENATOBIA, MS 38668 | | |
| CERTIFIER | 24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE <i>John Black</i> MD | | | 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i> | | |
| | 24b. DATE SIGNED (Month, Day, Year) 5/14/03 | | | 24f. TITLE | | |
| | 24c. STATE LICENSE NUMBER 8543 | | | 24g. DATE SIGNED (Month, Day, Year) | | |
| | 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) | | | | | |
| USE OF DEATH | 25. PART I. DEATH CAUSED BY (a) IMMEDIATE CAUSE (Enter one cause only) <i>Renal failure</i> | | | Interval between onset and death | | |
| | (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <i>Renal cell carcinoma</i> | | | Interval between onset and death | | |
| | (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): | | | Interval between onset and death | | |
| | 26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I <i>prolonged</i> | | | 27. AUTOPSY (Yes or No) No | | |
| Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) | | | 29b. DATE OF INJURY (Month, Day, Year) | 29c. HOUR OF INJURY m. | 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED |
| | 29e. INJURY AT WORK (Yes or No) | | | 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) | 29g. LOCATION | Street or route number City or town State |
| | | | | | | |
| | | | | | | |

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

WARNING:

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Judy Moulder
STATE REGISTRAR



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 0455PG0284

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123-03-012922

TYPE OR PRINT
WITH BLACK INK

FILING DATE JUN 30 2003

| | | | | | | |
|--|---|--|--|------------------------|---|---|
| DECEASED | 1. NAME First Middle Last DOROTHY E. NUTTER | | | 2 SEX FEMALE | 3a HOUR OF DEATH 1:45P m | 3b DATE OF DEATH (Month, Day, Year) JUNE 20, 2003 |
| | 4 RACE (Specify White, Black, American Indian, etc.) White | | 5a AGE AT LAST BIRTHDAY 79 Years | 5b MOS 9 | 5c DAYS 1-4 | 5d HOURS 5+ |
| | 6 DATE OF BIRTH (Month, Day, Year) 4-15-1924 | | 7a COUNTY OF DEATH DESOTO | | | |
| | 7b CITY OR TOWN OF DEATH SOUTHAVEN | | 7c HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B | | | |
| death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items | 9 DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) 9 (1-4 5+) | | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 11 SURVIVING SPOUSE (If wife, give maiden name) NA | |
| | 13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American | | 14 SOCIAL SECURITY NUMBER 413-24-0739 | | 15a USUAL OCCUPATION (Kind of work done, most of working life) Homemaker | |
| | 15b KIND OF BUSINESS OR INDUSTRY Own Home | | 16a RESIDENCE—STATE MS | | | |
| | 16b COUNTY DeSoto | | 16c CITY OR TOWN Walls | | 16d INSIDE CITY LIMITS (Specify Yes or No) No | |
| RESIDENCE items, per actual location home rather than mailing address | 16e STREET AND NUMBER OR RURAL LOCATION 7190 Hickory Estates | | 17 FATHER—NAME First Middle Last Walter B. Russell | | | |
| | 18 MOTHER—NAME First Middle Maiden Ryena McPherson | | 19a INFORMANT—NAME (Type or print) Janet Howell | | | |
| | 19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 10609 E. 111th Court South Bixby, OK 74008 | | 20a BURIAL, CREMATION, REMOVAL (Specify) Burial | | | |
| | 20b CEMETERY, CREMATORY—NAME Twin Oaks Memorial Gardens | | 20c LOCATION (City and State) Southaven, MS | | 21a EMBALMER—SIGNATURE AND NUMBER Eyon A. Brownlee FS794 | |
| PARENTS | 21b FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 17S | | 21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 140 W. Commerce St. Hernando, MS 38632 | | | |
| | 22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) STEVEN BENTLEY, MD | | 22b PRONOUNCED DEAD (Month, Day, Year) ON JUNE 20, 2003 | | 22c PRONOUNCED DEAD (Hour) AT 1:45P m | |
| | 23a CERTIFIER—NAME (Type or print) KENNETH EDMUNDS, MD | | 23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6858 SWINNEA RD STE 1 A SOUTHAVEN, MS 38671 | | | |
| | 24a To the best of my knowledge and manner as stated SIGNATURE <i>[Signature]</i> MD 24b DATE SIGNED (Month, Day, Year) 6/24/03 | | 24c STATE LICENSE NUMBER 14060 | | 24e On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i> 24f TITLE MD | |
| PRONOUNCER | 24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 6/24/03 | | 24g DATE SIGNED (Month, Day, Year) 6/24/03 | | | |
| | 25 PART I: IMMEDIATE CAUSE (Enter one cause only) (a) ACUTE CARDIOPULMONARY ARREST | | Interval between onset and death | | | |
| | (b) MULTIPLE BILATERAL PULMONARY EMBOLISM | | Interval between onset and death | | | |
| | (c) MYOCARDIAL INFARCTION | | Interval between onset and death | | | |
| CERTIFIER | 26 PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I | | 27 AUTOPSY (Yes or No) | | 28 WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) | |
| | 29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) | | 29b DATE OF INJURY (Month, Day, Year) | | 29c HOUR OF INJURY (m) | |
| | 29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED | | 29e INJURY AT WORK (Yes or No) | | | |
| | 29f PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) | | 29g LOCATION Street or route number City or town State | | | |
| FORMANT | 29h INJURY AT WORK (Yes or No) | | 29i PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) | | | |
| | 29j LOCATION Street or route number City or town State | | 29k LOCATION Street or route number City or town State | | | |
| | 29l LOCATION Street or route number City or town State | | 29m LOCATION Street or route number City or town State | | | |
| | 29n LOCATION Street or route number City or town State | | 29o LOCATION Street or route number City or town State | | | |
| DISPOSITION | 29p LOCATION Street or route number City or town State | | 29q LOCATION Street or route number City or town State | | | |
| | 29r LOCATION Street or route number City or town State | | 29s LOCATION Street or route number City or town State | | | |
| | 29t LOCATION Street or route number City or town State | | 29u LOCATION Street or route number City or town State | | | |
| | 29v LOCATION Street or route number City or town State | | 29w LOCATION Street or route number City or town State | | | |
| PRONOUNCEMENT | 29x LOCATION Street or route number City or town State | | 29y LOCATION Street or route number City or town State | | | |
| | 29z LOCATION Street or route number City or town State | | 29aa LOCATION Street or route number City or town State | | | |
| | 29ab LOCATION Street or route number City or town State | | 29ac LOCATION Street or route number City or town State | | | |
| | 29ad LOCATION Street or route number City or town State | | 29ae LOCATION Street or route number City or town State | | | |
| CERTIFIER | 29af LOCATION Street or route number City or town State | | 29ag LOCATION Street or route number City or town State | | | |
| | 29ah LOCATION Street or route number City or town State | | 29ai LOCATION Street or route number City or town State | | | |
| | 29aj LOCATION Street or route number City or town State | | 29ak LOCATION Street or route number City or town State | | | |
| | 29al LOCATION Street or route number City or town State | | 29am LOCATION Street or route number City or town State | | | |
| USE OF DEATH | 29an LOCATION Street or route number City or town State | | 29ao LOCATION Street or route number City or town State | | | |
| | 29ap LOCATION Street or route number City or town State | | 29aq LOCATION Street or route number City or town State | | | |
| | 29ar LOCATION Street or route number City or town State | | 29as LOCATION Street or route number City or town State | | | |
| | 29at LOCATION Street or route number City or town State | | 29au LOCATION Street or route number City or town State | | | |
| CERTIFIER | 29av LOCATION Street or route number City or town State | | 29aw LOCATION Street or route number City or town State | | | |
| | 29ax LOCATION Street or route number City or town State | | 29ay LOCATION Street or route number City or town State | | | |
| | 29az LOCATION Street or route number City or town State | | 29ba LOCATION Street or route number City or town State | | | |
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| USE OF DEATH | 29bd LOCATION Street or route number City or town State | | 29be LOCATION Street or route number City or town State | | | |
| | 29bf LOCATION Street or route number City or town State | | 29bg LOCATION Street or route number City or town State | | | |
| | 29bh LOCATION Street or route number City or town State | | 29bi LOCATION Street or route number City or town State | | | |
| | 29bj LOCATION Street or route number City or town State | | 29bk LOCATION Street or route number City or town State | | | |
| CERTIFIER | 29bl LOCATION Street or route number City or town State | | 29bm LOCATION Street or route number City or town State | | | |
| | 29bn LOCATION Street or route number City or town State | | 29bo LOCATION Street or route number City or town State | | | |
| | 29bp LOCATION Street or route number City or town State | | 29bq LOCATION Street or route number City or town State | | | |
| | 29br LOCATION Street or route number City or town State | | 29bs LOCATION Street or route number City or town State | | | |
| USE OF DEATH | 29bt LOCATION Street or route number City or town State | | 29bu LOCATION Street or route number City or town State | | | |
| | 29bv LOCATION Street or route number City or town State | | 29bw LOCATION Street or route number City or town State | | | |
| | 29bx LOCATION Street or route number City or town State | | 29by LOCATION Street or route number City or town State | | | |
| | 29bz LOCATION Street or route number City or town State | | 29ca LOCATION Street or route number City or town State | | | |
| CERTIFIER | 29cb LOCATION Street or route number City or town State | | 29cc LOCATION Street or route number City or town State | | | |
| | 29cd LOCATION Street or route number City or town State | | 29ce LOCATION Street or route number City or town State | | | |
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| | 29ch LOCATION Street or route number City or town State | | 29ci LOCATION Street or route number City or town State | | | |
| USE OF DEATH | 29cj LOCATION Street or route number City or town State | | 29ck LOCATION Street or route number City or town State | | | |
| | 29cl LOCATION Street or route number City or town State | | 29cm LOCATION Street or route number City or town State | | | |
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| | 29cp LOCATION Street or route number City or town State | | 29cq LOCATION Street or route number City or town State | | | |
| CERTIFIER | 29cr LOCATION Street or route number City or town State | | 29cs LOCATION Street or route number City or town State | | | |
| | 29ct LOCATION Street or route number City or town State | | 29cu LOCATION Street or route number City or town State | | | |
| | 29cv LOCATION Street or route number City or town State | | 29cw LOCATION Street or route number City or town State | | | |
| | 29cx LOCATION Street or route number City or town State | | 29cy LOCATION Street or route number City or town State | | | |
| USE OF DEATH | 29cz LOCATION Street or route number City or town State | | 29da LOCATION Street or route number City or town State | | | |
| | 29db LOCATION Street or route number City or town State | | 29dc LOCATION Street or route number City or town State | | | |
| | 29dd LOCATION Street or route number City or town State | | 29de LOCATION Street or route number City or town State | | | |
| | 29df LOCATION Street or route number City or town State | | 29df LOCATION Street or route number City or town State | | | |

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JUL - 1 2003

Judy Moulder
STATE REGISTRAR

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